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EPA		POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT		REGION VI	SITE NUMBER (to be assigned by HQ) 11240
<p>NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.</p> <p>GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.</p>					
I. SITE IDENTIFICATION					
A. SITE NAME United States Printing Ink Corp.		B. STREET (or other identifier) 12002 Corporate Drive			
C. CITY Dallas	D. STATE TX	E. ZIP CODE 75228	F. COUNTY NAME Dallas		
G. OWNER/OPERATOR (if known) 1. NAME Robert Stauch, Regional Manager RJM Chemicals New York, New York		2. TELEPHONE NUMBER 214/270-6758			
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN					
I. SITE DESCRIPTION Facility for manufacture of printing inks for newspaper industry					
J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) TXS 1549 and TXD 00729111, EPA				K. DATE IDENTIFIED (mo., day, & yr.) 1-17-83	
L. PRINCIPAL STATE CONTACT 1. NAME Daniel L. Scheppers		2. TELEPHONE NUMBER 512/475-1344			
II. PRELIMINARY ASSESSMENT (complete this section last)					
A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input checked="" type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN					
B. RECOMMENDATION <input checked="" type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: _____ a. TENTATIVELY SCHEDULED FOR: _____ b. WILL BE PERFORMED BY: _____ b. WILL BE PERFORMED BY: _____ c. WILL BE PERFORMED BY: _____ c. WILL BE PERFORMED BY: _____ d. WILL BE PERFORMED BY: _____ d. WILL BE PERFORMED BY: _____					
C. PREPARER INFORMATION 1. NAME Diane Nichols, Underground Resource Mgt		2. TELEPHONE NUMBER 512/328-0081		3. DATE (mo., day, & yr.) 12-6-83	
III. SITE INFORMATION					
A. SITE STATUS <input checked="" type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if in low quantity.)		<input type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.)		<input type="checkbox"/> 3. OTHER (specify): (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)	
B. IS GENERATOR ON SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify generator's four-digit SIC Code): 2893		APR 28 1992			
C. AREA OF SITE (in acres) 1.1 acres	D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg.-min.-sec.) 32° 51' 29"		2. LONGITUDE (deg.-min.-sec.) 96° 39' 37"		
E. ARE THERE BUILDINGS ON THE SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify): manufacturing plant					

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Continue (On Reverse)

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IV. CHARACTERIZATION OF SITE ACTIVITIES					
Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.					
<input checked="" type="checkbox"/> A. TRANSPORTER	<input checked="" type="checkbox"/> B. STORER	<input checked="" type="checkbox"/> C. TREATER	<input checked="" type="checkbox"/> D. DISPOSER		
1. RAIL	1. PILE	1. FILTRATION	1. LANDFILL		
2. SHIP	2. SURFACE IMPOUNDMENT	2. INCINERATION	2. LANDFARM		
3. BARGE	3. DRUMS	3. VOLUME REDUCTION	3. OPEN DUMP		
4. TRUCK	4. TANK, ABOVE GROUND	4. RECYCLING/RECOVERY	4. SURFACE IMPOUNDMENT		
5. PIPELINE	5. TANK, BELOW GROUND	5. CHEM./PHYS. TREATMENT	5. MIDNIGHT DUMPING		
6. OTHER (specify):	6. OTHER (specify):	6. BIOLOGICAL TREATMENT	6. INCINERATION		
		7. WASTE OIL REPROCESSING	7. UNDERGROUND INJECTION		
		8. SOLVENT RECOVERY	8. OTHER (specify):		
		9. OTHER (specify):			
<p>E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED</p> <p>Materials generated are stored in 55 gal. drums, sealed, and transported to unsheltered drum storage area until disposal off site. All hazardous activities are permitted. Currently, no potential hazards exist and a site inspection should not be undertaken at this time.</p>					
V. WASTE RELATED INFORMATION					
<p>A. WASTE TYPE</p> <p><input type="checkbox"/> 1. UNKNOWN <input checked="" type="checkbox"/> 2. LIQUID <input checked="" type="checkbox"/> 3. SOLID <input checked="" type="checkbox"/> 4. SLUDGE <input type="checkbox"/> 5. GAS</p>					
<p>B. WASTE CHARACTERISTICS</p> <p><input type="checkbox"/> 1. UNKNOWN <input type="checkbox"/> 2. CORROSIVE <input type="checkbox"/> 3. IGNITABLE <input type="checkbox"/> 4. RADIOACTIVE <input type="checkbox"/> 5. HIGHLY VOLATILE</p> <p><input checked="" type="checkbox"/> 6. TOXIC <input checked="" type="checkbox"/> 7. REACTIVE <input type="checkbox"/> 8. INERT <input type="checkbox"/> 9. FLAMMABLE</p> <p><input type="checkbox"/> 10. OTHER (specify):</p>					
<p>C. WASTE CATEGORIES</p> <p>1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.</p> <p>Yes, EPA forms and TDWR SW permit application. Waste types Barium, Chromium, Lead, Solvent Washes D005, D007, D008, D003, K086.</p> <p>2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.</p>					
a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT 5,000	AMOUNT None	AMOUNT Unknown	AMOUNT 17,200	AMOUNT 32	AMOUNT None
UNIT OF MEASURE lbs.	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE lbs.	UNIT OF MEASURE cubic yds/mo.	UNIT OF MEASURE
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS	<input checked="" type="checkbox"/> (1) OILY WASTES	<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (1) ACIDS	<input checked="" type="checkbox"/> (1) FLYASH	<input checked="" type="checkbox"/> (1) LABORATORY PHARMACEUT.
<input checked="" type="checkbox"/> (2) METALS SLUDGES	<input type="checkbox"/> (2) OTHER (specify):	<input type="checkbox"/> (2) NON-HALOGENATED SOLVENTS	<input type="checkbox"/> (2) PICKLING LIQUORS	<input type="checkbox"/> (2) ASBESTOS	<input type="checkbox"/> (2) HOSPITAL
<input type="checkbox"/> (3) POTW		<input type="checkbox"/> (3) OTHER (specify):	<input type="checkbox"/> (3) CAUSTICS	<input type="checkbox"/> (3) MILLING/ MINE TAILINGS	<input type="checkbox"/> (3) RADIOACTIVE
<input type="checkbox"/> (4) ALUMINUM SLUDGE			<input type="checkbox"/> (4) PESTICIDES	<input type="checkbox"/> (4) FERROUS SMLTG. WASTES	<input type="checkbox"/> (4) MUNICIPAL
<input type="checkbox"/> (5) OTHER (specify):			<input checked="" type="checkbox"/> (5) DYES/INKS	<input type="checkbox"/> (5) NON-FERROUS SMLTG. WASTES	<input type="checkbox"/> (5) OTHER (specify):
Waste ink solvent wash and sludge			<input checked="" type="checkbox"/> (6) CYANIDE	<input checked="" type="checkbox"/> (6) OTHER (specify):	
			(7) PHENOLS	Refuse (nonhazardous)	
			(8) HALOGENS		
			(9) PCB		
			<input checked="" type="checkbox"/> (10) METALS		
			(11) OTHER (specify):		

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V. WASTE RELATED INFORMATION (continued)				
3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard). Solvent wash, sludge, ink waste and ink paste, refuse				
4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE. All wastes are disposed of off site.				
VI. HAZARD DESCRIPTION				
A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD	X			
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

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VII. PERMIT INFORMATION			
A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.			
<input type="checkbox"/> 1. NPDES PERMIT	<input type="checkbox"/> 2. SPCC PLAN	<input checked="" type="checkbox"/> 3. STATE PERMIT (specify): SW G/D #32051	
<input type="checkbox"/> 4. AIR PERMITS	<input type="checkbox"/> 5. LOCAL PERMIT	<input type="checkbox"/> 6. RCRA TRANSPORTER	
<input checked="" type="checkbox"/> 7. RCRA STORER	<input type="checkbox"/> 8. RCRA TREATER	<input type="checkbox"/> 9. RCRA DISPOSER	
EPA ID No. TXD 000729111			
<input type="checkbox"/> 10. OTHER (specify):			
B. IN COMPLIANCE?			
<input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN			
C. WITH RESPECT TO (list regulation name & number):			
VIII. PAST REGULATORY ACTIONS			
<input checked="" type="checkbox"/> A. NONE <input type="checkbox"/> B. YES (summarize below)			
IX. INSPECTION ACTIVITY (past or on-going)			
<input checked="" type="checkbox"/> A. NONE <input type="checkbox"/> B. YES (complete items 1, 2, 3, & 4 below)			
1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
X. REMEDIAL ACTIVITY (past or on-going)			
<input checked="" type="checkbox"/> A. NONE <input type="checkbox"/> B. YES (complete items 1, 2, 3, & 4 below)			
1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.			